

## **Voices from the Field: Comparing Child Welfare Ideologies in UK**

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### **Abstract:**

*This paper examines two approaches to Child Protection Policy and Practise in UK. Governmental policy is examined first, followed by an overview of alternative approach suggested by its critics. Efficacy of policy reforms is examined from the perspective of the front liners, i.e., the child protection social workers who are the main agents responsible for translating policy into practise. The “reality” of the social workers is mapped through empirical analysis and used as a measure to indicate which ideology, one currently adopted by the State or the one being advocated by its critics, is better suited to improving wellbeing of workers as well as recipients of welfare. The importance of taking their contextual reality into account when formulating policy is highlighted as crucial to determining the fate of the policy. The findings are strongly in favour of the critics and highlight severe shortcomings in current State ideology of child and family welfare.*

**Key words:** Social Policy; Child Welfare; New Public Management; Ideology; Constructive Social Work

## **Introduction:**

The toughest challenge when formulating public policy is to establish an acceptable trade-off between efficiency and re-distributional equity. Welfare goals are primarily concerned with re-distributional equity, that is, provision of services to poorer population, who may not be able to contribute to generation of resources. These goals essentially are in conflict with goals of efficiency that dictate allocation of resources to those areas that yield maximum return on investment (Sabatier, 2007). The welfare policy adapted by the State is guided by the persuasions of the polity elites that participate in the policy formulation process and the national socio-economic and political environment within which these processes are embedded. Lijphart's (1999) typology of Democracies has provided a framework for categorizing them based on concentration of power. Drawing from that, UK has majoritarian - unitarian democracy where power is concentrated in the hands of a few political institutions and actors, thus making it possible for major policy shifts to occur, based on the ontological and epistemological persuasions of the party in power.

The Labour Government has shown much interest and enthusiasm for Social Service provision for child protection. 1.9 billion pounds were spent on provision of services to "looked after children" (Blair, 2006), to form what is commonly referred to as the 'preventive state' propagating early intervention rather than crisis management as the main goal (Hall, 2007). Increasingly, the emphasis has been on integrating the services across child protection and child welfare service delivery systems so that there is easy access to information for all parties concerned and no child slips through the net. Within the last 10 years (1997-2007), there has been gradual shift in policy towards greater control and scrutiny of procedures, emphasis on accountability and transparency. These policy initiatives have been embedded in heavy borrowing of management strategies from the private sector over the last two decades, namely, New Public Management agendas.

In the UK context, "The doctrines of NPM involve 'a focus on management, performance appraisal and efficiency; the use of agencies which deal with each other on a user-pay basis; the use of quasi-markets and contracting out to foster competition; cost-cutting; and a style of management which emphasises, among other

things, output targets, limited term contracts, monetary incentives and freedom to manage'." (House of Lords Public Service – Report, Session 1997 -98). Reviews of public sector reforms conducted recently have revealed that these initiatives have failed in the Social Services sector (Ackroyd, Kirkpatrick & Walker, 2007).

Much criticism has been directed at UK's social services reforms. The strongest coalition against current social work policy in Britain is that formed by researchers and practitioners in favour of creating a new social work ethos based on principles of psychotherapy integrated within practise of social work (Bower, 2005; Cooper & Lousada, 2005). Emphasis is on *reflexive* ideology that supports a narrative, qualitative approach to improving practise (White, Fook & Gardiner, 2006). Current practise is seen by this coalition as an essentially bureaucratic process of information collection that force-fits 'human misery into categories of risk and vulnerability' (Parton & Patrick, 2000).

The prescriptions of best practise given by these critics are centred on the notion of resurrecting the subjective, qualitative element of social work. Such a practise would essentially be narrative focused, rather than quantitatively inclined in its process of information collection during the initial and core assessments of cases. Advocates of this practise draw upon the constructionist and narrative approaches to creating theories for social work and encourage therapy-based interventions that focus on engaging with the clients in a meaningful way that helps the clients make sense of their situation and thus, create experience of interaction that is empowering and healing (Parton & Patrick, 2000; Seligman, 1995; Howe, 1993)

At the operational level, it is the front-line child protection social workers that determine the fate of policy reforms as well as prescriptions of best practise. They are the main agents (or Actors) in the policy process responsible for implementing the policy objectives at the frontline and in the "real world". The focus of this article is on exploring the "action arena" of the Child Protection social workers. The underlying assumption is, it is important to understand their "reality" for gauging which prescription of best practise (State-led or the ones given by Critics of State policy) is more desirable in the field. This assumption rests on the theoretical foundation of Advocacy Coalition Framework that emphasizes the importance of simultaneously

mapping personal beliefs and policy beliefs as a pre-requisite to predicting the fate of the policy (Sabatier and Jenkins, 1993; Herron, Jenkin-Smiths and Silva, 2005; Weible, Sabatier and Lubell, 2004; Liften, 2000; Elliott and Schlaepfer, 2001a, b, and Green and Houlihan, 2004). Moreover, the ideologies of the two opposing coalitions are examined in the light of evidence from the field.

**I *The Social Worker's perspective:*** The social worker's job is to assess the situation from the first point of contact, that is, when the referral is initially made. S/he investigates the case and during this process, many decisions and judgments are made by the social worker prior to the final recommendation made by him/her. These decisions are:

- 1) Identifying sources of information, i.e., whom to contact for information
- 2) Judging the reliability of the source
- 3) Deciding when enough information has been gathered to form an opinion

Depending on the gravity of the situation, this can be either relatively simple or painfully complex task. Cases where there is clear evidence of physical or sexual abuse are relatively simpler because the evidence is strong and undeniable. Physical examination by the doctor and a report confirming the same is enough to get a Court order. In this case, the main source of information is the Health professional. Supporting evidence is gathered from the child's environment during the course of investigation but there is clarity regarding the future course of action and the reliability of the evidence provides confidence to the social worker.

However, one category of abuse is 'severe neglect' that encompasses emotional or physical neglect. Majority of the cases referred to social services fall within this category. There is cause for concern, but not sufficient to remove the child from the family. Moreover, the evidence of abuse is not clear regarding the perpetrator of abuse as well as its impact on the child. There may be multiple "stories" that the social worker hears during the course of investigation, depending upon the individual perception of the story-teller. There are usually multiple perspectives depending on the narrator's

- location (proximity Vs distance from the child, depending upon level and frequency of contact with the child)
- background (health professional, police, teacher or member of the public)
- motive (child protection or custody battle)

The social worker has to decide whom to interview and then weigh the information gathered in view of each of the above factors. The next step is to terminate the investigation when enough information has been collected to support the recommendation that the social worker can now make based on the evidence collected.

There is guidance provided to the social workers at each step (The Assessment Framework for Children in Need, 1989; Working Together to Safeguard Children, 2006). The initial and core assessments need to be finished in 7 and 35 working days respectively. A questionnaire about 25 pages long (Assessment Form) must be filled out for home visits. A final report is then prepared based on the information gathered through interviews and shared with other participants at the case conference. The idea behind the legislation is to create an information sharing system across multiple agencies to ensure “no child slips through the net” (Blair, 2003, introducing Every Child Matters Green Paper)

The performance of the Social Services departments in actual terms is measured on the basis of Assessment Framework introduced in 2000 by Department of Education and Skills (DfES) that emphasizes on the *time* aspect of delivery of service. There are no indicators for measuring the *quality* of the service delivered, though the Government does address the issue of securing “Quality” placements for children in care in Care Matters Green Paper (2006).

#### IV Methodology:

The data collected for this study was 17 open-ended interviews (1.5 hours each). The selection criterion was uniqueness of each of the narratives, where the interviewees presented critical reflections on their professional and personal beliefs. The main aims of interviews were to explore:

- 1) the “Action Arena” of the Social Workers where they are required to make important decisions
- 2) how much responsibility is given to them for these decisions and how much of multi-agency joint responsibility initiatives are actually observed in practise
- 3) how they cope with frequent changes in legislation and organisation and the affect of these changes on their performance

The interviewees were asked to talk freely about anything that they wanted to share. The narratives lasted at an average of 1.5 hours each and were described as “cathartic” by most of the interviewees. Since the aim was to map the “reality” of the social workers and get *their* un-interrupted perspective, these unstructured narratives proved to be extremely rich sources of data for ‘taking a walk in their shoes’. After preliminary thematic content analysis, in-depth text analysis was done using NVivo. List of references (comments made *at least* once) representative of each theme is presented verbatim in the Appendix.

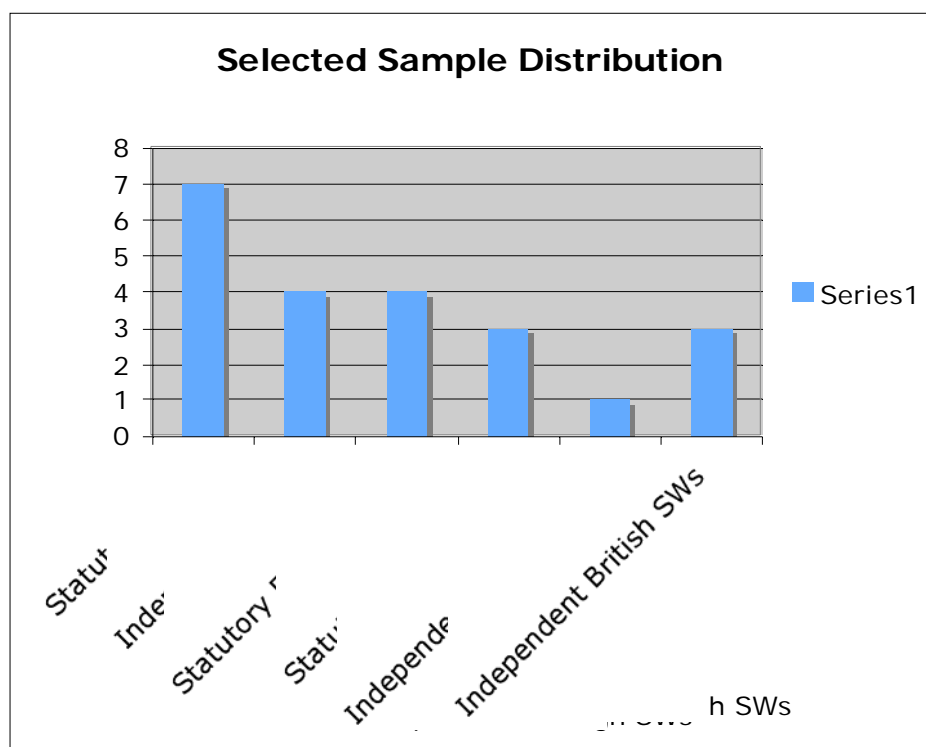


Fig. (i): Sample Distribution based on Employer and Ethnicity

The questions were limited to obtaining demographical and background information such as 1) age 2) country where they qualified/trained to be a social worker 3) amount of experience in the child protection field, 4) reasons for becoming a social worker and deliberately generalized questions on 5) “highs” and 6) “lows” of the job. The sample included social workers aged between 28 – 55 yrs and experience in child protection work ranged between 2 months – 5 years (this was independent of their overall experience as a qualified social worker that ranged between min 2 years to max of 30 years). The sample was further divided into the following categories based on 1) Employer and 2) Ethnicity.

Those employed by the Local Government are classified as Statutory Social Workers and those working as Consultants independent of the Government are grouped under Independent Social Workers. Based on ethnicity, each of these sub-groups is further divided into Statutory Foreign Social Workers, Statutory British Social Workers and Independent Foreign Social Workers and Independent British Social Workers (see Fig i). These sub-groups were created based on the assumption that the nature of employment affects the extent to which the social workers feel bound by organisational procedures. Statutory social workers necessarily have more procedural and managerial constraints than their Independent counterparts. The nature of work and therefore the experience of work for these groups would be different despite similarity of overall legislative framework. Independent social workers essentially have more freedom than statutory social workers and considerably lesser amounts of organisational responsibility. Similarly, the individual context for Foreign and British social workers differs due to the lack of familiarity of the former with implicit ‘way of life’ in contemporary Britain. Foreign social workers have to re-learn the legislation for Child Protection work in UK and adjust themselves to the cultural differences. This creates additional sources of stress for them, which might affect performance. An additional factor taken into consideration is the reasons stated by the Social workers for choosing the profession. An interesting observation here is that none of the members in the sample had voluntarily chosen to specialize in Child Protection. They all were qualified as generic social workers. The chosen areas of specialization were family therapy or mental health and all of them felt they “accidentally” became Child Protection Social workers, either due to re-organisation at work that placed individuals in new roles, changes in the field itself (“Child protection moved in to us

really.. working with families has become child protection work today”) or given that job after returning from a long leave of absence, usually maternity leave for women social workers. Although the desire to work with vulnerable children and families was expressed unanimously by the sample, they did not view this role as a life-long choice.

## V Results and Analysis

The empirical findings are analysed and discussed bearing the sub-group differentials in mind. The reasons stated for becoming a generic social worker were varied. 3 became social workers because someone in their family had been a social worker, while the rest had idealistic persuasions for “helping” those in need. Some interviewees chose to reflect more deeply than others on the reasons why they chose this profession but all the responses fell into three categories, 1) cynical/ self-derogatory – “there must be something wrong with me, I knew this was a shitty job and I still chose it” / “If all social workers could get therapy, there would be no one left to do the job (laughs)”, 2) Idealistic /Altruistic – “I just thought there must be *something* that can be done to change things.. to have a better life” / “You see these people and you think do they fail because everybody looks at them as failures.. everybody knows what needs to be changed in their life to make it better.. they just need someone to believe in them too.. that’s the kind of work I want to do.. to help people change” and 3) Easy Option – “I guess (became a social worker) because I couldn’t be a Doctor (laughs)”/ “I didn’t know anyone who had ever failed to qualify”.

These background variables lend additional flavour to the analysis because it helped to place the reactions/ beliefs/ perceptions of these individuals in a more realistic context and gave an idea of the individual’s “life space” (Lewin, 1951). For eg., social workers that had idealistic goals and beliefs were more emotive in their narratives and expressed feelings of “helplessness”/ “frustration”/disillusionment in their jobs, the ones who were cynical were more critical of the system and political agendas with more pragmatic views on status quo. Those who chose the profession as an easy career were less critical of the system and focused more on “just getting the job done” and “surviving once you are in it”.



The job of the social workers entails working directly with clients (children and families), collaborating with other agencies when formulating child protection or child in need plan (health, education, police, Independent Children's Guardians, case psychiatrists) and their managers in the Social Services Departments. The *modus operandi* is guided by the set of procedures that must be adhered to in terms of time taken for assessments, formulation and implementation of plans of action. Therefore, all interview text was analyzed and coded under the themes of (a) experiences of working with Clients, (b) experiences of working with other Agencies (c) Management, and (d) Procedures (Fig.1). Each of these categories is further analysed and grouped under 'positive' or 'negative' experiences. The unit of coding is number of *direct* references made to the themes defined above. Each 'reference' is defined as *each time the interviewee touched upon the theme under study* (for eg. Narration of a meeting with a family is coded as 1 reference under the theme of 'Experiences of working with clients'. If the interviewee changed the topic and then resumed talking about the clients later on in the narrative, that is counted as 2<sup>nd</sup> reference to the same theme). The references and consequently the themes were evenly spread across the sample. Maximum references in each interview were made to the procedures, followed by management, clients and other agencies respectively. Each reference is then attributed negative or positive value depending upon the description of the event.

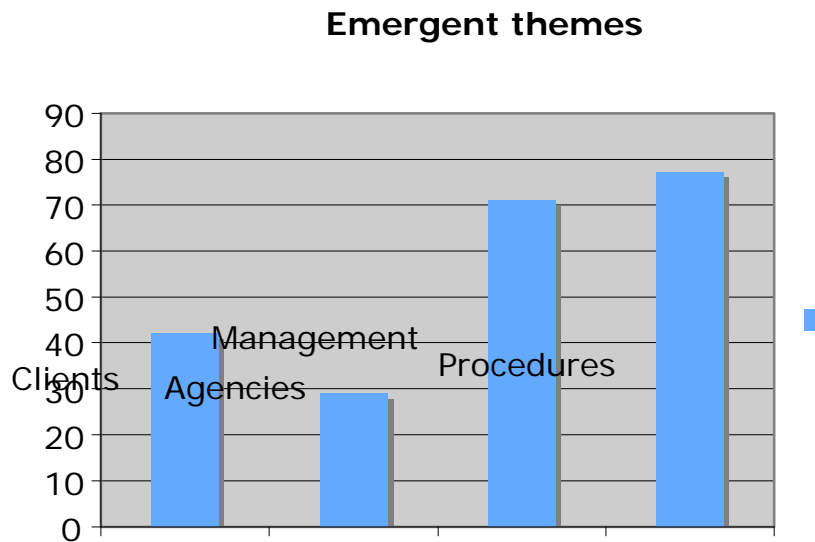


Fig. 1: Main themes identified from the data based on number of direct references (y-axis)

(a) Experiences of working with Clients:

This category includes direct quotations from the interview data where the interviewees narrated instances of working with children and/ or families. 42 references were made in all. The references were further categorized into sub-headings of ‘Challenges’ and ‘Rewards’. References made to problems faced by the social workers when working with parents and children are grouped under Challenges. There are differences within this category as well, depending upon whether the interviewee was a statutory British social worker or a foreign national working in the UK. The latter experienced more problems dealing with teenagers and parents who were “chronic cases” (i.e., in the system for a long time) due to lack of knowledge and proficiency in the street lingo. They felt “frustrated” because they could not explain themselves to the clients or understand the clients as well as their British counterparts. (For eg., “he called me a Cunt and I had to ask him what it meant.. because I had never heard the word before!”).

British Statutory social workers felt the lack of resources such as time spent on cases and shortage of money was a major hurdle for them. Verbal abuse and threats from clients was another source of anxiety and feeling “helpless” and “drained” after meeting with clients was a common narrative. Resistance from parents, especially those who have experienced intervention from Social Services in their own childhoods is a major barrier identified by all social workers. Lack of trust exhibited by clients and lack of psychological safety when dealing with them is another common phenomenon mentioned alike by all interviewees. Most social workers felt uncomfortable going on home visits to client’s homes and felt threatened by the hostile environment they frequently encounter (“Verbal abuse.. threats.. this can’t be everyday life!”).

Foreign Social Workers felt more threatened than their British counterparts because of 1) their insecurity about their own understanding of UK legislation that they have to follow and 2) their limitations in English language, specially the “street” lingo. The unique personal circumstances of the social workers also affected their feeling of safety. For eg., social workers who themselves had or were in the process of having their own children felt specially vulnerable to hostile clients and took their threats more seriously (“I had just become a dad myself.. and y’know.. hearing him say that I know where you live.. it’s.. it’s just a very difficult experience.. and that’s when I decided to call the Police”).

Social workers who had left the field of child protection to have their own families and then returned to the job said their perceptions of children changed “a great deal.. you just look at them differently I guess.. it’s something about having life’s experiences that you can not get when you are young and just out of college...”. In cases where the social workers did succeed in gaining trust of their clients, they felt frustrated because they could not deliver the services as they would like to because of lack of resources and heavy case loads. The references made to positive experiences are grouped under ‘Rewards’. This category includes all references made to feeling “worthwhile” about the job, remembering instances when they felt they “made a difference for a family who might have done worse if I hadn’t intervened” and experiencing satisfaction from the job. All the interviewees mentioned specific cases where they felt they had caused some improvement in the lives of the family as

instances of 'Reward' or 'positive experience'. Fig 2 presents the negative-positive differential in the experiences. (Table I in Appendix summarizes the references coded in NVivo).



Fig. 2 : Positive and Negative distribution of experiences with clients

(b) Experiences of working with other agencies:

All direct references to working with members of other agencies are grouped under this category. 29 references were made in all. These direct quotations were then analysed further and two sub-themes of Respect (Fig. 3) and Responsibility (Fig. 4) emerged. These themes are supported by word frequency analysis on the content that showed these two words to be the ones repeated most often. Social workers unanimously voiced concern over “unfair” division of responsibility of child protection cases across agencies, despite following the prescribed participatory procedures. For instance, one of the social workers said “It feels like I always walk out with the lion’s share of the responsibility after each child protection conference while others walk out heaving a sigh of relief.” Another one said “we are supposed to take it all.. they don’t like it when they worry about a child and they need to dump it all on us and

go home and get some sleep (laughs)". Similar comments were made about joint responsibility by all interviewees in relation to other agencies.

Lack of respect for social workers and the social work profession in general was also a major cause for concern. They feel their opinions are undervalued in comparison to opinions of other professionals. Lack of respect was noted most frequently when working with Health professionals, especially General Practitioners (GPs/Doctors) involved in child protection cases. Relationships with teachers were second most strained relationships. All social workers expressed neutral or positive views on working with the Police. In all, 3 positive references were made to multi-agency work experiences and these were made for health visitors who had good relationships with the clients and helped facilitate communication between the client and the social workers and for teachers who played similar roles in helping social workers gain information from the child in question.

An interesting finding here is that Independent social workers who previously had been Statutory social workers now viewed Statutory social workers in a negative light as well, saying "now being on the other side of the fence, I can understand why it's so frustrating to work with them! (statutory social workers)". Also, "they are incompetent.. it's SO frustrating trying to talk to them.. they just can't think outside the box". The main reasons thought responsible for statutory social workers' lack of competence were lack of time and overloading of cases. An additional bone of contention between Statutory social workers and other agencies is the different understanding of level of threat/ risk to the child. Teachers feel that "we should just swoop in and rescue the child.. they have no clue how complex it is.. and then they feel what will be serious enough for us to take action? Does the child have to be dead?" and "they just want to go home and not worry about the child anymore but if we don't take action they can't do that... so of course they are sore at us (laughs)". The problems with teachers were attributed to the nature of their profession. For eg., "they are used to telling people what to do.. and they get pissed off when they can't tell us what to do". Conflicts with GPs are based on difficulty of access to information. They seldom attend child protection case conferences, are very hard to contact and in cases where they do participate, "have no respect for our (social workers) opinions".

The social workers feel more confident about *individual* inter-personal relationships with professionals working in other agencies and view it as “a matter of chance” whom you get to work with. The perception of respect and responsibility differentials lie at the macro level where the social workers feel their profession is not given as much respect in society as professions of other agents involved in the process. Other agents are viewed as more specialized in their fields, better educated, better trained and qualified, with greater respect given to them by the society by virtue of their professions. For eg. one of the interviewees synthesized the feelings of being “unappreciated” and “unwanted” in the following words:

“teachers take care of their children, doctors make them feel better when they are sick and .. nurses are just angels.. and we.. we look into people’s cupboards and we tell the society what they don’t want to hear.. that all of us are capable of abusing our children.. nobody will ever stand up and say help me I am going to hurt my child! So nobody will thank us.. children who get abused just want to forget about it too.. they certainly won’t thank us, they want to forget everything!.. so we are the ones who do the dirty job, we remind people of what they don’t want to see and so they hate us too”.

The social workers feel de-valued and “dumpsters” for those who have “other better jobs to do while we do the dirty work”. Fig 3 and 4 present the respect and responsibility perceptions of social workers in comparison to other agencies. (Table II in Appendix presents list of coded references supporting the analysis). The results support the initial tentative prediction that social workers will exhibit strong emotive reactions to other agencies when there is imbalance of power. The results are not strong enough to demonstrate ‘Devil shift’, since no comments were made about the other agencies having bad intentions towards social workers. However, the general trend towards perception of other agencies as being “revered” at the cost of “vilifying” the social workers lends some support to the initial prediction.

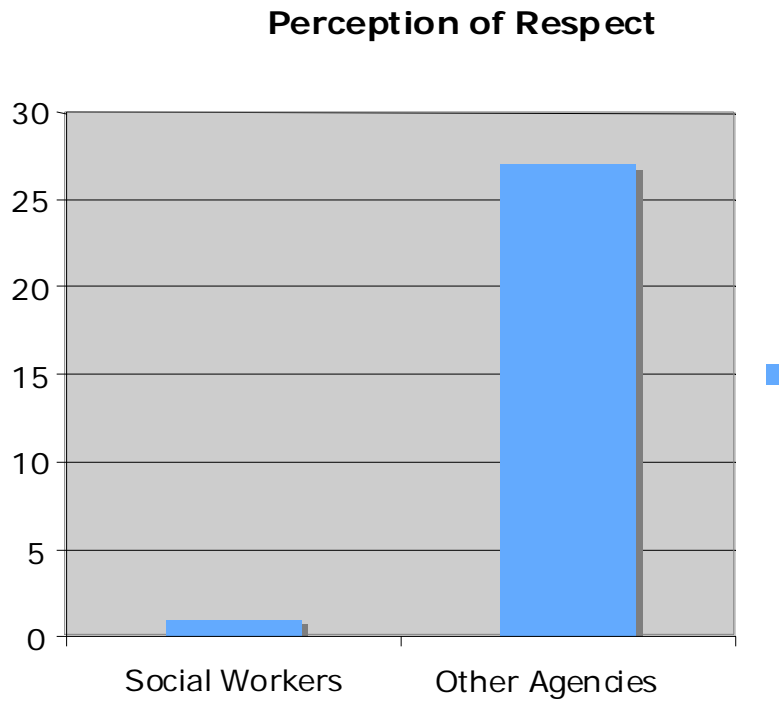


Fig. 3: Social Workers' perception of Respect given to them and other agencies

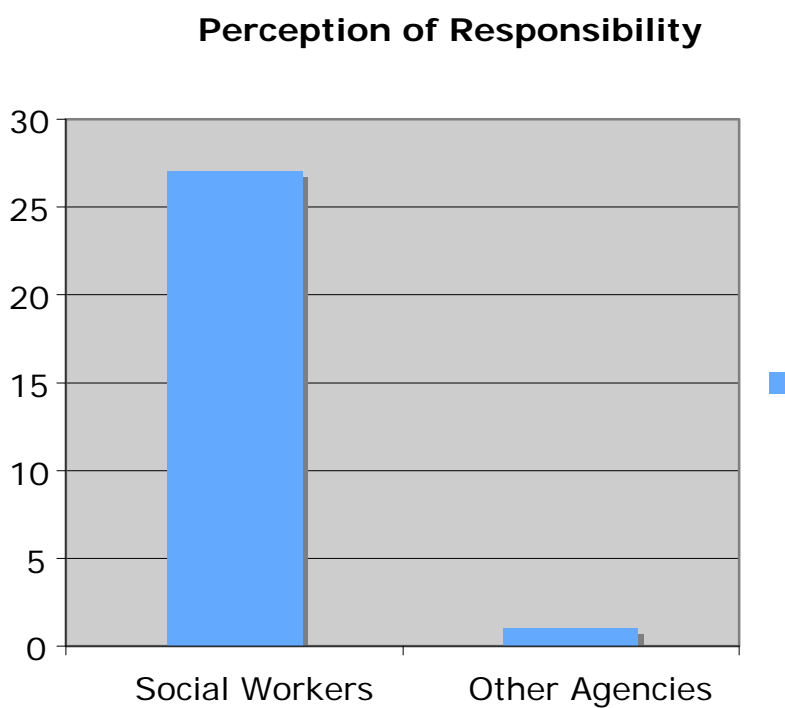


Fig. 4: Social Workers' perception of distribution of Responsibility in Multi-agency participatory processes

### (c ) Management

The reorganization of the Public Sector since the last two decades has resulted in frequent changes in legislation with new procedures being put into place and replaced frequently. Strengthening the role of the management has been one of the linchpins of New Labour's Policies and this infiltration of 'managerialism' is reflected in the findings in this study. Management emerged as the second most prominent concern, preceded only by reflections on procedures. 29 references to management were made by the interviewees.

Given the ambiguity of the responses regarding perception of managers, the emergent themes have been categorized under "Efficacy of management" instead of specific positive or negative views on management. The ambiguity in the responses arose from mixed feelings of the interviewees about their managers. On one hand, they expressed deep sympathy for their managers because of extreme pressure that they are perceived to be under ("I have seen my manager in tears many times... he just can't cope.. once he almost collapsed in my room.. so I know they are under pressure too..") and on the other hand, they suffer from the lack of support provided to them by the management.

There were predominantly negative views about how managers manage their teams ("I really don't know how they can become managers.. they know nothing about it and still jump at the chance.. I would at least get an MBA or something!"), but they were accompanied by contradictory statements in support of managers, stressing upon the environmental pressures and organizational procedures as the culprit rather than the managers themselves. Some positive views were expressed about managers in narrating instances where some managers showed concern for the interviewee. ("he would always wait for us to come back from home visits.. he was always there"). Overall, the role of managers was viewed negatively and they are seen as rather helpless agents of the Government who ensure all forms are filled and boxes are checked rather than contributing in real terms to improving quality of performance. Fig. 5 presents the views of social workers on efficacy of management



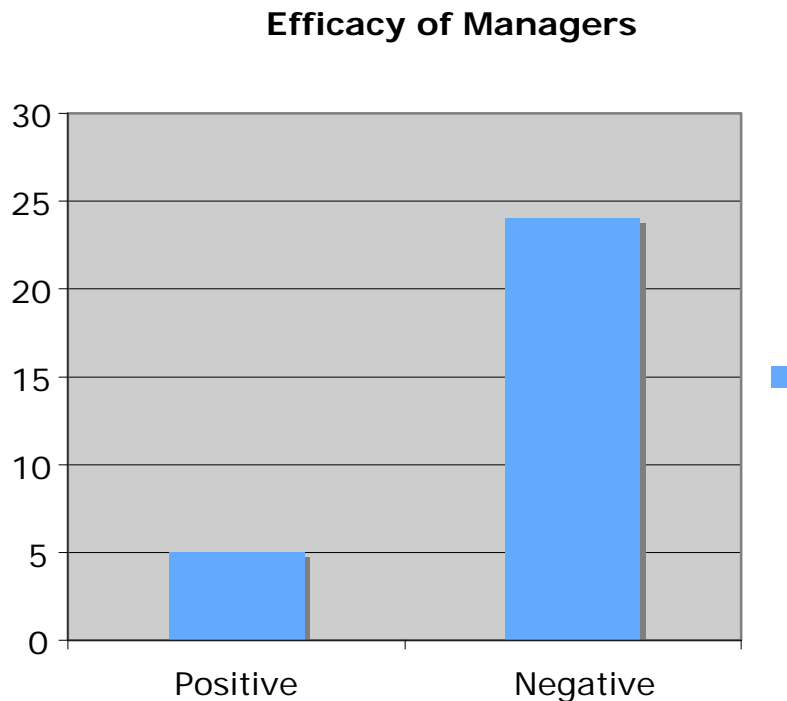


Fig. 5: Social Workers' perception of Efficacy of Managers

An interesting finding in this study was that managers were referred to most often in relation to decision making. Despite low efficacy ranking of managers, they were relied on for making decisions in cases where recommendations should be made to the court for removal of children from home. There were variations in this finding across the sub-groups of social workers. Foreign statutory social workers showed 100% reliance on managers making decisions for them in cases where children had to be removed from home, for eg., "I never make that decision.. my managers always decides what needs to be done". British statutory social workers also depended on managers for the final decision but also acknowledged their role in the process more than the foreign social workers did, for eg., "It was the local authority's decision.. it is always in discussion with my manager.. I made the recommendation but eventually it was my manager's decision". The foreign social workers were unanimous in declining ownership of the decisions *and* the recommendations for removal of children from home, for instance, "it was the best thing to do under the circumstances and my manager saw that". Statutory social workers acknowledged their recommendations played a role in the final decision but declined ownership of the decision.

Managers are seen as the main decision making authority that control the entire process and the role of the social worker is defined by the manager. For eg., one of the interviewees commented:

“I guess it depends on how much the manager is to include the social worker in the decision making process.. or whether it’s just about the social worker reporting and the managers take decisions”

Ownership of decisions to remove children from home was explicitly accepted by one Independent Social worker who also commented on the fact that in her experience, she never relied on managers for making decisions for her when she was working as a statutory social worker 30 years ago. The variation across sub-groups was based on *willingness* of the social workers to accept responsibility for decisions of removing children from home when deemed necessary. The guidance specifies that all final decisions about recommendations to the court can not be made independently by the social worker without approval of the managers. The decision making authority is the manager, even in cases where s/he has negligible contact with the clients. Social workers fill the assessment reports based on which the managers (and subsequently, the court) make the final decisions. Two main themes emerged, 1) managers are ineffective and 2) they control the decision making process.

Though the Social workers expressed dissatisfaction with management and exhibited lack of trust in their abilities, they showed willingness to lean on them for making decisions. They recognized that managers monopolized the decision-making authority and felt in some cases it went against their clinical judgment. But none of the social workers (except 1 independent foreign social worker) expressed any desire to change the status quo. Instead, they felt safe within the structure. Relying on managers for decision-making is one of the procedures prescribed to the social workers and despite recognizing the inefficacy of managers, social workers prefer lack of ownership of decisions. They feel “its too much responsibility” to follow one’s own judgment and feel more secure and safe letting the local authority decide make the final decision for them. Social workers feel comfortable making small choices inherent in information gathering process (viz. whom to contact for information, how much information to gather, when to set up child protection conference, etc.) but prefer to stay detached

from the most important recommendation for decision regarding removal of children from home. In these cases, social workers prefer to adhere to procedures, even if they might be in conflict to their own judgment, for eg., “I wasn’t sure.. but my manager thought it was the right thing to do and I went along with it..”/ “I prefer court cases.. then the decision is made by the court and you don’t feel the pressure” / “Sure, I state my opinion clearly.. even if it is in conflict with my manager.. but the ultimate decision is not mine.. and in most cases I am not sure”.

The fact that the social workers prefer court cases and less decision making responsibility in general could be because of the lack of psychological safety felt by them. Heuristics provide them with a safety net and they feel “..the only way you can protect yourself is to stay within the procedural guidelines you stay within those guidelines you know that you will be protected”.

#### (d) Procedures:

The proliferation of paper work in social work has been on the rise with the constant re-organization of the services (Munro, 2005). The current procedures/rules that the social workers must follow have not been viewed positively. Highest number of references (77) were to the procedures and their affect on workers’ performance and morale. Four references were positive and 73 were negative (Fig. 6). (See Table IV in Appendix for summary of representative references). Negative views of procedures centered around the impact of these procedures on the amount of time left for social workers to engage with clients. Since most of the time is now spent filling forms, writing reports and meeting objectives of finishing assessments within stipulated time periods, the social workers feel there is a constant trade-off between efficiency and effectiveness. They have no time to reflect or deal effectively with their clients.

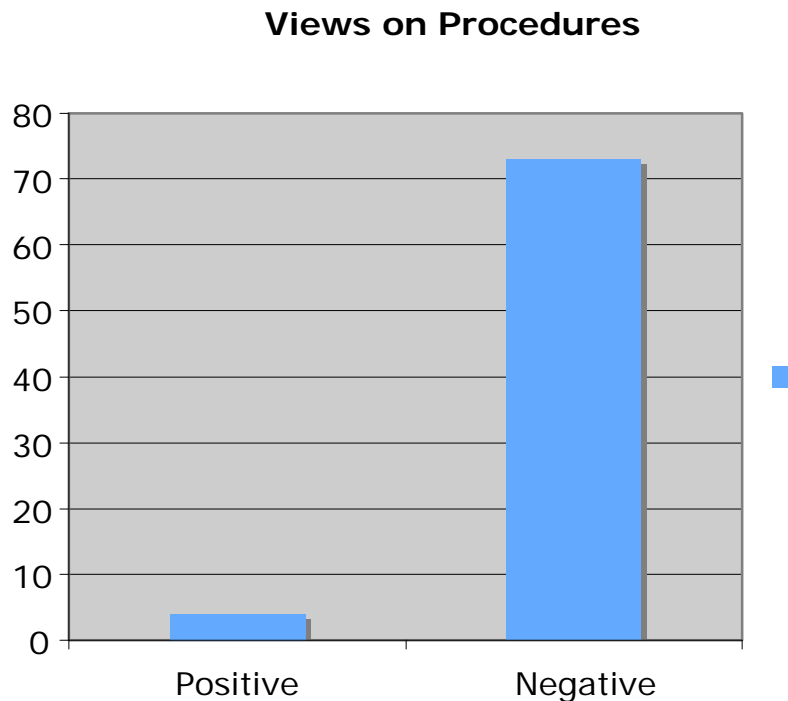


Fig 6: Views of Social Workers on Procedures

The pressure to fill reports, “tick all the appropriate boxes” and “meet the required number of cases closed” leaves the social workers with very little time to “do my job.. to actually get out there and meet clients instead of sitting at the computer all day and fill out really stupid forms that is just repeating information you have already filled in 10 times”. The government’s rationale for introducing these procedures is that they enhance accountability and enable performance measurement in real, rational terms. The majority of the sample held strongly negative views about the procedures. Some views were strongly cynical – “My biggest challenge oh well (laughs) the cynical part of me would be trying to do a good job in spite of the government rather than because of it” and resentful – “I am a social worker and yet I feel like a system administrator/coordinator because I rarely get chance to sit with a family and observe a child.. observe the family, observe the dynamics.. go to their house sit for an hour as I should and watch the dynamics”.

All social workers feel that due to proliferation of paper work, “that’s where the skill is going out of social work” because they now spend most of their time in front of computers and are desk-bound, filling “endless” forms and requisitions. All

complained about not being able to work with clients as much as they would like to, for eg., “I found myself spending the whole day in front of the computer basically inputting data doing recording paperwork form after form procedure and procedure you are dealing you are facing a computer all the time and perhaps you deal with people 5 % or 10 % of your time”.

Lack of opportunity and time to do therapeutic work with children and families is another constraint that the social workers struggle with. For eg., “If I have a deadline for my assessment, an assessment that needs to be done in 15 days my time with parents and children is very limited considering I have more than one assessment at a time. So I haven’t got only one assessment I’ve got 4 families 5 families 6 families and I am conducting an assessment at the same time now when dealing with children you have to be very sensitive you can not be task oriented and their questions can sometimes be very harmful. But I have no time as I said to be therapeutic”. Another social worker commented, “I think we are doing therapy with computers right now not with people”. Similar comments were made by *all* the social workers on lack of time and disappointment at being unable to work therapeutically when that is what is required.

Another cause for concern was that the practise has become focused on numbers and statistics rather than on people. For instance, one of the social workers narrated an instance where she had a conflict with her manager regarding number of interviews that she felt she needed to do before concluding her assessment, “So she (manager) said to me there is no need to do a lot of interviews there was no need to do a number of home visits just gain the information sort out the information and put it in your report. Basically that’s what I thought about that we are just interested in finalizing a report so statistically by the end of the year we can say yes this core assessment was ready on time.” The social workers feel the procedural guidelines hamper rather than aid the quality of work. The focus has shifted to “it’s all about recording these days” and gathering information. *How* that information is used is not considered relevant and the social workers feel not only exhausted from adherence to procedures but also resentful because these procedures are seen as ill-fitting and redundant. For eg., “Oh I think getting circulars from DoH about new policies and new procedures this is how things have to be and feeling that they were just so completely unrealistic compared

to the families that we were meeting (worst challenges)” and “a lot of cases realistically you can not do a core assessment in 7 weeks. Yeah you can close a core assessment in 7 weeks how much you can use it to get information that’s another question..”. The social workers strongly feel that these ill-fitting procedures hamper their performance and severely thwart the possibility of real intervention that can help these children and families.

Lack of time for *reflecting* on their jobs - “no time for reflection only time for what you’ve done no why you’ve done this do you think you should have done that none of that I think you need to do this plan plan plan and yeah its just disappointing” - was the most common regret, followed by desire to be given the opportunity to be creative in finding solutions and having the resources for engaging with clients in a therapeutic style. Social workers “feel they (Government) are killing the people who are doing the work by putting just too much unrealistic work load pressures on to them and they are killing what could be creative caring effective...”

### **Affect on Performance – the ‘Performance Paradox’**

‘Performance Paradox’ in Public sector is defined as *‘the increase of output measurement in the public sector can lead to several unintended consequences that may not only invalidate conclusions on public sector performance but can also negatively influence that performance’* (Thiel & Leeuw, 2002, pp. 267). Evidence of this paradox is observed in this study. All the interviewed social workers feel that the current procedures adversely affects their performance because it denies them the time needed to engage in reflexive, therapeutic style of working that is crucial to improving performance. It also seriously undermines their capability to formulate long term service provision plans for children and families in need. For eg.,

“In terms of future actions and in terms of what you want to do with this family you can not do any how because you don’t have time you simply don’t have the time you have to fill out all the forms (pause). I think you get used to rationalise you can only do so much and if you are dictated by rules and procedures to do just so much and if you do more than required you are gonna pay the price because there are other families in your case load that you need to attend to and if you can’t fulfil the

guidelines for each case that is required by the govt then you have not done your job well... what I find most difficult is organisational stuff ”

They feel that “what it (the procedures) doesn’t give us is the chance to do more preventive work”. Most social workers voiced concern for their clients and acknowledged that they are unable to provide the kind and quality of service that their clients need. They lamented the fact that they are unable to perform in a constructive fashion. For instance, one of the interviewees said, “I think the more we highlight this desk oriented practice the more we keep giving importance to statistics and numbers we are just losing these people and we are just making their life more miserable than it already is.”

All social workers felt that procedures cause more harm than good because they emphasize recording statistics and gathering information more than actual *quality* of service delivered. For eg., “the framework for assessment of children in need and families is not very helpful ICS is not very helpful it just makes people sit more and more in their office even the govt is admitting that people are spending 80% of their time in the offices.. and that isn’t helping anybody it is just this quest for information for its own sake”. They de-skill the social workers, making them feel like “clerks or system administrators” rather than agents of change.

Four positive references were made about the Procedures by two Statutory social workers. Three references were by Foreign Statutory Social Worker who felt that following procedures made her feel “safe”, that she knew she would be protected “if things went wrong” (“that’s a scary thing as well that you can’t think outside the box the only way you can protect yourself is to stay within the procedural guidelines you stay within those guidelines you know that you will be protected”). The other British Social workers who viewed the procedures positively had been in the field for 30 years and had been in senior managerial positions mostly throughout his career. He felt these procedures make the system more centralized and enable performance measurement indicators to be used more efficiently.

These results lend strong support to the initial observation that performance will be adversely affected by dissonance between Actors’ objectives and the Policy

objectives.

## VI Discussion

Based on the empirical results, the social workers are most affected by the following set of variables in their Action Arena (Fig. 7):

- 1) Challenges of working with Clients (Challenges C)
- 2) Challenges of working with Procedures (Challenges P)
- 3) Management Support (Management S)
- 4) Responsibility given to the Social Workers (Responsibility)
- 5) Respect given to them by Society and other Agencies (Respect)

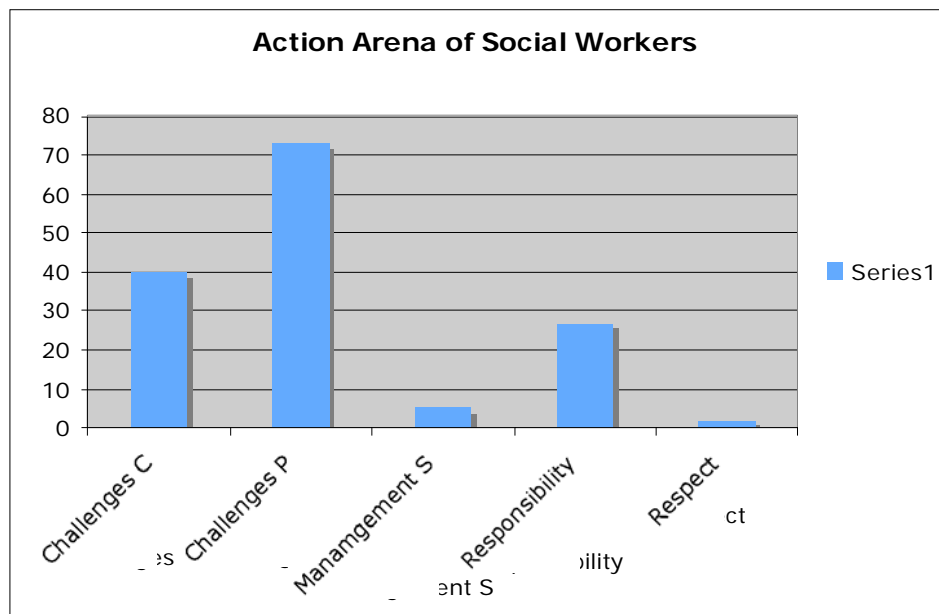


Fig. 7: “Reality” of Social Workers

Evidently, a great challenge for the social workers is the time constraint imposed upon them by the current procedures. The social workers believe that procedures emphasizing statistical measurement of performance alone might increase efficiency ‘for the record’ but greatly reduces the opportunity for social workers to be effective



in their jobs. Under time pressure in high risk situations, decision makers adhere to heuristics, are prone to biases and are less confident about their decision making capabilities (Simon 1947, 1985; Kahneman & Tversky 1979; Tversky & Kahneman, 1986, 1992; Quattrone & Tversky, 1988). Munro (2005) and Sanders & Mace (2006) found lack of time to spend meeting clients due to proliferation of paper work was the main concern for social workers and viewed by them as a major impediment to better performance.

The lack of time and opportunity to be reflective is a crucial point here because it reflects the controlling nature of New Labour's policies. Specifically in relation to child protection policy and procedures, the New Labour's interpretation of "no rights without responsibilities" (Giddens, 1998, pp. 65) refrain is a corner stone for formulating social policy that leans heavily on discipline and socialization of socially excluded. This predilection of the Government combined with a penchant for New Public Management driven agendas for control and surveillance have led to creation of standards and procedures that *monitor* children rather than help them.

Procedures have been introduced that make therapeutic interventions almost impossible. Social workers feel they have been "dumbed down" into "Social Police" where their job is to monitor children and families in need. Social workers seem to suffer from painful disconnect between their job ethos and what they "must do to be valued by the organisation". All the social workers interviewed in this study had either left the Child Protection role or were currently undergoing training in another discipline (usually Family therapy or Adolescent Mental Health) before quitting. All of them strongly stated that this was a job they could not sustain for a long time, as one of them explained:

*"it just kills you in the end.. especially because you don't know if you are doing more good than harm.. the worst decision for me is when I see the child should be removed from home but I know if I do that, he will never get the kind of therapeutic attention that he needs.. instead he will probably be in multiple placements and at the end of the day, it boils down to the choice whether you let him be abused by his natural family or let the Government do it.. the abuse does not stop with intervention.. it's just the System that does it then.. and often the choice is between the lesser evil.. so I never*

*really know what to do.. since I know I don't have the money or resources for therapeutic intervention.. you never know.. and I just couldn't take it any more..”*

Similar trend towards enhanced control is observed in the Education sector as well where emphasis is on monitoring the teachers through strictly prescribed curriculum and in turn, demanding the teachers to control the students in a similar fashion (for detailed analysis, see Hendrick, 2003, 2005). The policy beliefs of the Government seem to be embedded within a *defensive* stance where Uncertainty and Risk are extremely unnerving for the policy makers and they strive to control it through technocratic and authoritarian policies. The practise resulting from this stance mirrors the policy core beliefs and is also defensive, focusing on the negative elements viz., suspicion, lack of faith and protecting the self, as summarized by one of the social workers,

*“Practise is about watching your back not about what can I do for this child”*

The social workers on the other hand believe in giving people the opportunity to develop, independent of external agendas. Their ethos of the profession is embedded in Human Rights paradigm. These Social Workers are educated and trained within this paradigm and then given a set of procedures developed from NPM paradigm, based on rational choice assumptions of self-serving, profit-maximizing behaviour that explicitly discounts altruism and expects opportunistic behaviour. Operating from the latter paradigm, the procedures are crucial for ensuring accountability and efficiency. However, for actors operating from a paradigm that not only takes into account “softer” human tendencies of empathy and compassion but also stresses upon developing them to be effective agents of social change, these procedures seem “outrageous”. Hence, the dissonance between the governmental policy objectives and the social workers’ objectives, summarised in Table A:

Governmental Policy Objectives/Beliefs	Social Workers' Objectives/ Beliefs
<ul style="list-style-type: none"> <li>• Control – Give standardized tasks</li> <li>• Monitor – Strict Surveillance</li> <li>• Manage – Retain power, no trust</li> <li>• Discipline through generating external pressures for accountability</li> <li>• Be Efficient</li> <li>• Quantitative Performance Indicators</li> <li>• Children as Social Capital <i>Tomorrow</i> (Objects)</li> <li>• <i>Create</i> economically/ socially viable citizens</li> <li>• Short-term, cost-efficient solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Cultivate - Give freedom for Reflection</li> <li>• Guide – Provide contextually relevant procedures</li> <li>• Supervise – share power, build trust</li> <li>• Empower by developing internal capabilities to take responsibility</li> <li>• Be Effective</li> <li>• Qualitative Performance Indicators</li> <li>• Children as Individuals <i>Today</i> (Subjects)</li> <li>• <i>Help</i> economically/ socially dysfunctional citizens</li> <li>• Long term investment in sustainable solutions</li> </ul>

Table A: Overview of Governmental and Social Workers' Objectives/ Beliefs

## Conclusion:

Social Services have benefitted from increased accountability and introduction of performance indicators, but the negative affects have over-shadowed the positive changes. The unreliability of performance indicators in measuring public sector performance has been documented in previous studies as well, where these indicators are viewed to be biased, ineffective and partial to Governmental agendas (Van de Walle, 2006). Emphasis on performance assessment has been noted in the past to occur in tandem with administrative reforms (Power 2000) and the trend is observed in this study as well. The issue of measuring performance in the public sector remains

complex and plagued with problems of bias, unreliability and unforeseen negative consequences when implemented as part of administrative reforms.

The findings from this study show that the objectives of social workers are aligned more closely with critics of current policy. However, despite this allegiance and much effort by proponents of alternative, creative practise, the “reality” of the child protection social workers remains embedded within bureaucratic control. There is little evidence to suggest that desired changes in social work can be implemented any time soon. For now, the political ideology of the State seems set in place and the policy divide between the State and advocates of therapeutic intervention remains wide.

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## Appendix: List of representative References coded under each theme

Table I : Experiences of working with Clients

- 1) Forced to do the job in an inhumane way due to lack of time
- 2) Uncertainty about the outcome of intervention
- 3) No time for therapeutic work
- 4) Verbal abuse and threats from parents
- 5) Parents are usually very damaged and very emotional, they are severely resistant (specially care leavers who are parents now)
- 6) Lack of trust from parents towards us when we deal with their children
- 7) Uncertainty about how to deal with information of sexual abuse if and when it is disclosed to them by the child
- 8) Dealing with high risk situations, to self and to the child, gets too much to bear at times
- 9) Difficulty of engaging teenagers
- 10) Bad reputation of Social Workers acts as a barrier for us, they think we are kid-snatchers
- 11) Lack of trust from clients, "it's just a job for you"
- 12) Threatened on home visits
- 13) Having to split up siblings and finding placements for each one
- 14) Transference processes, feeling "powerless, drained, miserable, even when things are ok in your own life"
- 15) Feeling "de-skilled" when families don't respond in the desirable way
- 16) Not enough time or encouragement to intervene in a meaningful way, feeling like social police rather than agents of change
- 17) Parents are very needy, takes focus off the child

Table II : Experiences of working with other agencies:

- 1) It boils down to the individuals, some health visitors are very nice for eg. and others are horrible
- 2) They think we are lazy, incompetent and no good at our jobs
- 3) Our profession is a lesser profession and much more easily vilified than

Doctors or nurses or teachers who take care of children, while we are the only ones doing the dirty job

- 4) Unequal division of responsibility in child protection conferences, all the other professionals walk away lighted while we feel the weight of the world on our shoulders
- 5) Suggestions from other agencies are simply unworkable sometimes because they have no understanding of our job
- 6) Different cultures exist in different agencies and its hard to work together even if you are in the same team, doesn't mean you necessarily are working together
- 7) Other professionals have other full time jobs and are hard to reach sometimes
- 8) There is a lot of splitting and blaming going on

Table III summarizes views of social workers on managers/ management:

- 1) I guess it depends on how much the manager is to include the social worker in the decision making process or whether it's just about the social worker reporting and the managers take decisions
- 2) ultimately it is the manager who will sign the reports anyways.
- 3) I've had experiences with my manager.. my manager coming into my office and falling down and crying in tears because he is so overwhelmed
- 4) I never really felt my manager could support me because they were always too overwhelmed and the managers above them I don't think they had a clue really and the didn't really care
- 5) Most of the time it (what to do) depends on your manager.
- 6) I think managers themselves are under pressure to reach certain standards and meet certain statistical criteria and sometimes I think they are too task oriented rather than therapeutic
- 7) If you are middle management all you can do is shout to higher management because the structure is hierarchical the structure is just . it is hierarchical so middle management is just sandwiched between front liners practitioners and higher managers who are just concerned about money cost effectiveness umm high quality if service with less money which is impossible and with fewer resources but still expectations are high and getting higher all the time.. so

middle management if it is middle management all you can do is shout to higher management at the same time try to support direct frontliners

- 8) your manager doesn't have the time to reflect with you.. you go to one hour of supervision your manager is ruffling through your cases no time for reflection
- 9) they have not been trained as managers they don't know how to manage.. they seem to forget all of a sudden where they came from where their roots are the seem to forget the days when they went out early morning they went out in the rain to see a family that wouldn't let them in but you come back and then you have pile of work to do that's piling up they seem to forget that because they want to efficient because now its you've got govt performance indicators to meet and they have their heads around the clock those performance indicators their managers are telling them why arn't those reports done why aren't those visits up to 80% of visits to people who are on child protection registers why arn't they done then they feedback to you why art those done and you go whew!
- 10) some managers don't even know about multiple ways of assessing change in families
- 11) you should have managers who are fully aware of taking theory into practise and helping you do that

Table IV: Views of Social Workers on Procedures

- 1) a lot of cases realistically you can not do a core assessment in 7 weeks. Yeah you can close a core assessment in 7 weeks how much you can use it to get information that's another question
- 2) The reorganisation after reorganisation actually what happened was you really did more and more responsibility and less and less time to do things more and more bureaucratic responsibility
- 3) My biggest challenge oh well (laughs) the cynical part of me would be trying to do a good job in spite of the government rather than because of it.
- 4) I think it goes down to proliferation of paper work particularly in the last 8 or 9 years every year or so and the demotion of the respect that is given to social workers which is particularly true in court

- 5) I don't see how abolishing the child protection register and having a list is going to make a difference who are they trying to kid
- 6) the framework for assessment of children in need and families is not very helpful ICS is not very helpful it just makes people sit more and more in their office even the govt is admitting that people are spending 80% of their time in the offices. and that isn't helping anybody it is just this quest for information for its own sake
- 7) that's where the skill is going out of social work
- 8) Oh I think getting circulars from DoH about new policies and new procedures this is how things have to be and feeling that they were just so completely unrealistic compared to the families that we were meeting
- 9) I found myself spending the whole day in front of the computer basically inputting data doing recording paperwork form after form procedure and procedure you are dealing you are facing a computer all the time and perhaps you deal with people 5 % or 10 % of your time
- 10) I think the more we highlight this desk oriented practice the more we keep giving importance to statistics and numbers we are just losing these people and we are just making their life more miserable than it already is.
- 11) If I have a deadline for my assessment, an assessment that needs to be done in 15 days my time with parents and children is very limited considering I have more than one assessment at a time. So I haven't got only one assessment I've got 4 families 5 families 6 families and I am conducting an assessment at the same time now when dealing with children you have to be very sensitive you can not be task oriented and their questions can sometimes be very harmful. But I have no time as I said to be therapeutic
- 12) If I had an assessment to do in a few days I have I have to gain more information I have to ask direct questions I have to see that see this gain all information put it on paper finalise the report, print. Unfortunately and sometimes yes I have to do this also with children.
- 13) So she said to me there is no need to do a lot of interviews there was no need to do a number of home visits just gain the information sort out the information and put it in your report. Basically that's what I thought about that we are just interested in finalizing a report so statistically by the end of the year we can say yes this core assessment was ready on time.

- 14) It is enough to have one social worker and 10 clerical clerks basically doing the paperwork
- 15) I think we are doing therapy with computers right now not with people
- 16) In terms of future actions and in terms of what you want to do with this family you can not do any how because you don't have time you simply don't have the time you have to fill out all the forms (pause). I think you get used to rationalise you can only do so much and if you are dictated by rules and procedures to do just so much and if you do more than required you are gonna pay the price because there are other families in your case load that you need to attend to and if you can't fulfil the guidelines for each case that is required by the govt then you have not done your job well.
- 17) I am a social worker and yet I feel like a system administrator/coordinator because I rarely get chance o sit with a family and observe a child observe the family observe the dynamics go to their house sit for a n hour as I should and watch the dynamics
- 18) no time for reflection only time for what you've done no why you've done this do you think you should have done that none of that I think you need to do this plan plan plan and yeah its just disappointing
- 19) I feel they are killing the people who are doing the work by putting just too much unrealistic work load pressures on to them and they are killing what could be creative caring effective
- 20) a lot of hard draining work and social workers are taking the brunt of changing all that procedure and managing the case loads as well I think case work is quite hard managing all those cases when there is all that going on in the background .. because recording now is very important
- 21) I spent most of my last years learning how to do requisitions and pay for bills
- 22) No time for reflection and they (child protection social workers) certainly have no time for thinking.
- 23) practise is about watching your back not about what can I do for this child
- 24) I chose social work as a career and I am glad that I did but I am not there bidding my tie answering inconsequential emails trying to figure out the new system for signing of payments that's not me
- 25) what I find most difficult is organisational stuff
- 26) what it doesn't give us is the chance to do more preventive work

27) that's a scary thing as well that you can't think outside the box the only way you can protect yourself is to stay within the procedural guidelines you stay within those guidelines you know that you will be protected